

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2002 — 11 —

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.100 & 120(b)

7. FEDERAL BUDGET IMPACT: \*SAVINGS\*

a. FFY 2002 \$ 2,062

b. FFY 2003 \$ 8,601

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 32

Attachment 3.1-B, page 31

Attachment 4.18-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 32

Attachment 3.1-B, page 31

Attachment 4.18-A, page 1

10. SUBJECT OF AMENDMENT:

Dental Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☒ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

July 25, 2002

16. RETURN TO:

Mr. Bob Sharpe

Deputy Secretary for Medicaid

Agency for Health Care Administration

2727 Mahan Drive, Mail Stop # 20

Tallahassee, Florida 32308

Attn: Wendy Johnston

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

July 26, 2002

18. DATE APPROVED:

August 28, 2002

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

7/1/2002  
(10)  
(12.b)

DENTAL SERVICES: For non-EPSDT recipients twenty-one years of age and older, services that are provided in accordance with 42 CFR 440.100 and 440.120(b) are limited to:

- a. Oral and maxillofacial surgery for injury or disease when provided by a qualified oral surgeon (dentist).
- b. Emergency dental services are medically necessary emergency procedures to relieve pain or infection. The services are limited to emergency oral examinations, necessary radiographs, extractions, and the incision and drainage of an abscess.

Dental services limitations for EPSDT recipients, provided in accordance with 42 CFR 441.56, are listed in the EPSDT section.

Amendment 2002-11  
Effective 7/1/2002  
Supersedes 99-13

Approval AUG 28 2002

7/1/2002  
(10)  
(12.b)

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Amendment 2002-11  
Effective 7/1/2002  
Supersedes 99-13

Approval AUG 28 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State FLORIDA

- a. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determinations
	Deduct.	Coins.	Copay	
Hearing Services: The fitting and dispensing of hearing aids and the hearing aid itself.		X		Effective July 1, 1980, there is a five (5) percent coinsurance charge to recipients twenty-one years of age and who are not institutionalized or enrolled in an HMO. Providers are prohibited from denying services to recipients who are unable to meet their cost sharing obligation. Basis for determination was the maximum charge offered at 42 CFR 447.54(a)(2).

TN No. 02-11  
Supersedes  
TN No. 94-11

Approval Date AUG 28 2002

Effective 7/1/02